

Submission of Exemption Request**Exemption Based on 501(c)(3) Federal Determination Letter****3500A**

Enclose a copy of the Federal Determination Letter.

Corporation number/Secretary of State file number

FEIN

Name of organization as shown in the organization's creating document

Address (including suite, room, or PMB no.)

Daytime telephone number

City

State

ZIP Code

Name of representative to be contacted regarding additional requirements or information

Daytime telephone number

Representative's mailing address (including suite, room, or PMB no.)

City

State

ZIP Code

Part I — Purpose and Activity**1** Check the box for the primary purpose and activity of the organization:

- ☐ Charitable
 ☐ Educational
 ☐ Religious
 ☐ Church
 ☐ School
- ☐ Prevent Cruelty to Animals
 ☐ Literary
 ☐ Hospital
 ☐ Medical Center
- ☐ Health Care Center
 ☐ Scientific
 ☐ Testing For Public Safety
 ☐ Qualified Sports Organization

2 Annual Accounting period (must end on last day of the month)**Part II — Entity Information**

Check the boxes that apply:

- 1** Entity Type: ☐ Corporation ☐ Association ☐ Trust
- 2** ☐ Private Foundation
- 3** ☐ Public Benefit ☐ Mutual Benefit ☐ Religious ☐ Foreign Corporation (State of Incorporation) _____

Additional Information:

4 Has the organization ever been suspended, revoked or audited by the IRS? ☐ Yes ☐ No If "Yes," explain _____**Part III — Group Exemption**

Organizations applying for group exemption complete the following:

Group Exemption — All Subordinates are:

- 1** ☐ Section 501(c)(3) Organizations
- 2** Federal Group # _____
- 3** Attach a list of all California Subordinates, include mailing addresses and identification numbers.

Mail Form 3500A and all documents to EXEMPT ORGANIZATIONS UNIT MS F120, FRANCHISE TAX BOARD, PO BOX 1286, RANCHO CORDOVA CA 95741-1286.

Under penalties of perjury, I declare that I have examined this submission for exemption based on the 501(c)(3) federal determination letter, and to the best of my knowledge and belief, it is true, correct, and complete.

DATE

SIGNATURE OF OFFICER OR REPRESENTATIVE

TITLE